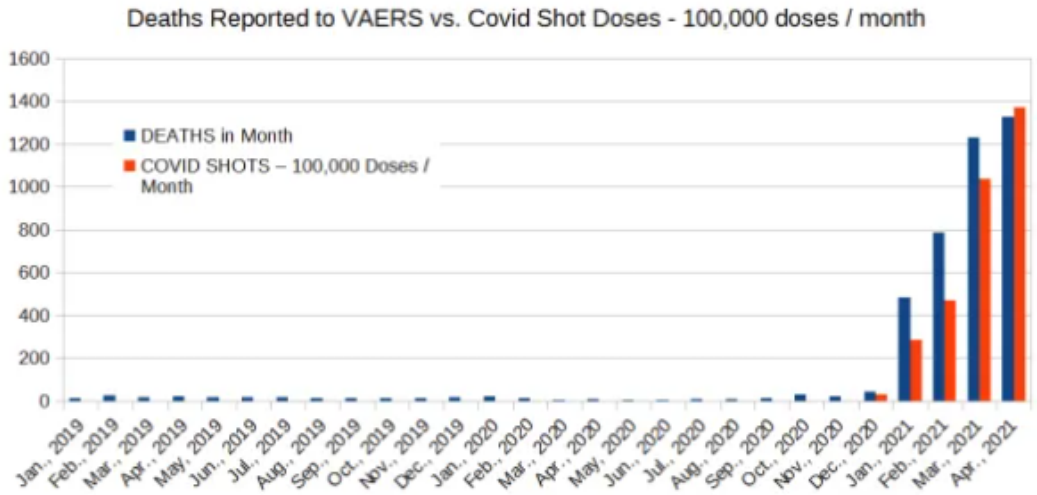
From: **Mathew Crawford from Rounding the Earth Newsletter** roundingtheearth@substack.com
Subject: How Underreported Are Post-Vaccination Serious Injuries and Deaths in VAERS?
Date: August 1, 2021 at 2:53 AM
To: liam@sturgessprime.com

How Underreported Are Post-Vaccination Serious Injuries and Deaths in VAERS?

The Chloroquine Wars Part LI

Mathew Crawford
Aug 1

The loose network of doctors and researchers I work with has consistently reached out to anyone who would listen to about the tremendous numbers of reports in the Vaccine Adverse Events Reporting System (VAERS) database.

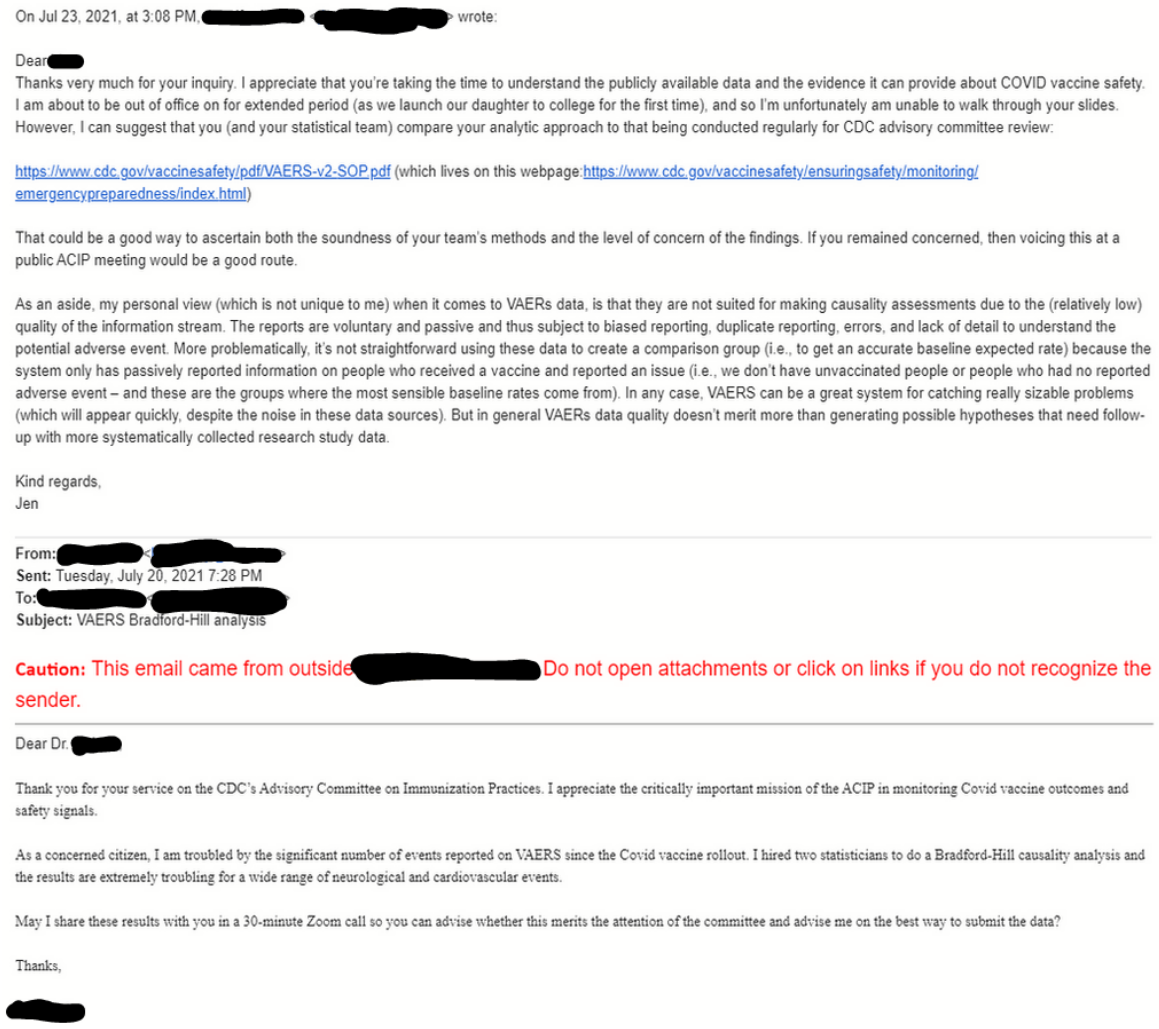


(Source: VAERS – query for "Group Results By", "Month Reported" and "Event Category", "Death" as of May 14th, 2021. Covid Shots – Our World in Data)

Source: Regenbogenseele

The VAERS database is understood to be historically underreported, so researchers generally use the data there more for vaccine-to-vaccine comparison rather than a source for overall numbers. However, it seems to escape those at the CDC whose job is to pay attention to potential threats to

health that the numbers---particularly serious adverse events (SAEs) and deaths are historically unprecedented.



On Jul 23, 2021, at 3:08 PM, [redacted] wrote:

Dear [redacted]
Thanks very much for your inquiry. I appreciate that you're taking the time to understand the publicly available data and the evidence it can provide about COVID vaccine safety. I am about to be out of office on for extended period (as we launch our daughter to college for the first time), and so I'm unfortunately am unable to walk through your slides. However, I can suggest that you (and your statistical team) compare your analytic approach to that being conducted regularly for CDC advisory committee review:

https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf (which lives on this webpage:https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/emergencypreparedness/index.html)

That could be a good way to ascertain both the soundness of your team's methods and the level of concern of the findings. If you remained concerned, then voicing this at a public ACIP meeting would be a good route.

As an aside, my personal view (which is not unique to me) when it comes to VAERs data, is that they are not suited for making causality assessments due to the (relatively low) quality of the information stream. The reports are voluntary and passive and thus subject to biased reporting, duplicate reporting, errors, and lack of detail to understand the potential adverse event. More problematically, it's not straightforward using these data to create a comparison group (i.e., to get an accurate baseline expected rate) because the system only has passively reported information on people who received a vaccine and reported an issue (i.e., we don't have unvaccinated people or people who had no reported adverse event – and these are the groups where the most sensible baseline rates come from). In any case, VAERS can be a great system for catching really sizable problems (which will appear quickly, despite the noise in these data sources). But in general VAERs data quality doesn't merit more than generating possible hypotheses that need follow-up with more systematically collected research study data.

Kind regards,
Jen

From: [redacted]
Sent: Tuesday, July 20, 2021 7:28 PM
To: [redacted]
Subject: VAERS Bradford-Hill analysis

Caution: This email came from outside [redacted] Do not open attachments or click on links if you do not recognize the sender.

Dear Dr. [redacted]

Thank you for your service on the CDC's Advisory Committee on Immunization Practices. I appreciate the critically important mission of the ACIP in monitoring Covid vaccine outcomes and safety signals.

As a concerned citizen, I am troubled by the significant number of events reported on VAERS since the Covid vaccine rollout. I hired two statisticians to do a Bradford-Hill causality analysis and the results are extremely troubling for a wide range of neurological and cardiovascular events.

May I share these results with you in a 30-minute Zoom call so you can advise whether this merits the attention of the committee and advise me on the best way to submit the data?

Thanks,

[redacted]

The first link given by this member of the CDC's Advisory Committee on Immunization Practices led directly to my analysis of CDC safety signals (here and here). So, the critics of those articles suggesting that surely the CDC does more, understand that that document was the first response (out of numerous attempted emails), and the remaining response was otherwise basically, "come to a public meeting [in a few weeks]."

Now, let's focus on the end of that email (emphasis mine)I:

> In any case, **VAERS can be a great system for catching really sizable problems** (which will appear quickly, despite the noise in these data

> sources). But in general **VAERs data quality doesn't merit more than generating possible hypotheses that need follow-up with more systematically collected research study data**.

Since the email mentions no study projects, and FDA commissioner Janet Woodcock replied to a member of our group asking about the same problem with, "that would require a study," I think we can assume that the CDC and FDA truly have no interest at all in assessing the magnitude of the problem at all! Evidence of this should be inferred by the lack of a single comprehensive risk report or risk-benefit analysis through more than seven month of an experimental mass vaccination program [so far as the public knows].

So, the task falls to us (the public) to do our best to determine: **How many Americans have suffered serious adverse events or death?**

We may also further infer worldwide damage from our answer---at least to some degree.

Before I go further, I'd like to mention that my best guess would be that the level of underreporting of (non-serious) AEs, SAEs, and deaths might all be very different. In fact, judging by the original Pfizer trial report (5.2.6 page 33) in which 0.7% of vaccine recipients suffered SAEs, we should now expect there to be around 2.4 million SAEs among American vaccine recipients. However, as of today, there are only around 78,000 in the VAERS database, suggesting a 30:1 underreporting rate for SAEs.

Table 14. Study C4591001 Safety Overview- Ages 16 years and older

Participants Experiencing at Least One:	BNT162b2 n/N (%)	Placebo n/N (%)
Immediate unsolicited AE Within 30 minutes after vaccination[a]		
Dose #1	78/18801 (0.4)	66/18785 (0.4)
Dose #2	52/18494 (0.3)	39/18470 (0.2)
Solicited injection site reaction within 7 days[b]		
Dose #1	3216/4093 (78.6)	525/4090 (12.8)
Dose #2	2748/3758 (73.1)	396/3749 (10.6)
Solicited systemic AE within 7 days[b]		
Dose #1	2421/4093 (59.1)	1922/4090 (47.0)
Dose #2	2627/3758 (69.9)	1267/3749 (33.8)
From Dose 1 through 1 month after Dose 2[a]		
Unsolicited non-serious AE	5071/18801 (27.0)	2356/18785 (12.5)
SAE	103/18801 (0.5)	81/18785 (0.4)

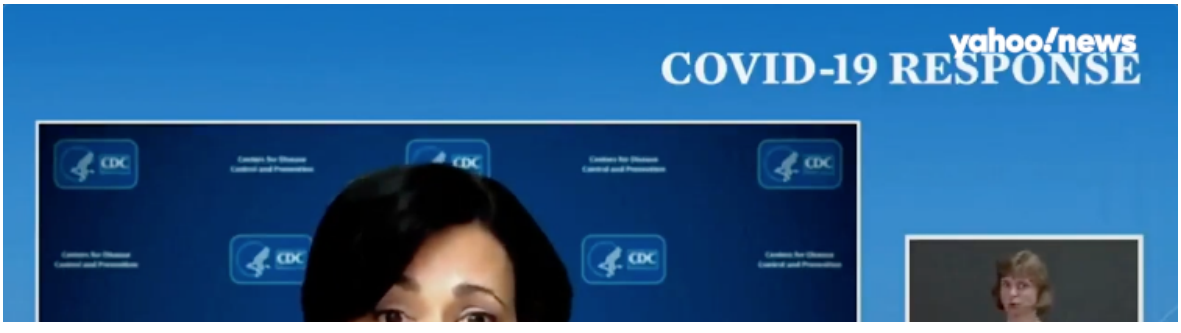
From Dose 1 through cutoff date (safety population)		
SAE	124/18801 (0.7)	101/18785 (0.5)
From Dose 1 through cutoff date (all-enrolled)[c]		
Withdrawal due AEs	37/21621 (0.6)	30/21631 (0.5)
SAE	126/21621 (0.6)	111/21631 (0.5)
Deaths	2/21621 (0.0)	4/21631 (0.0)

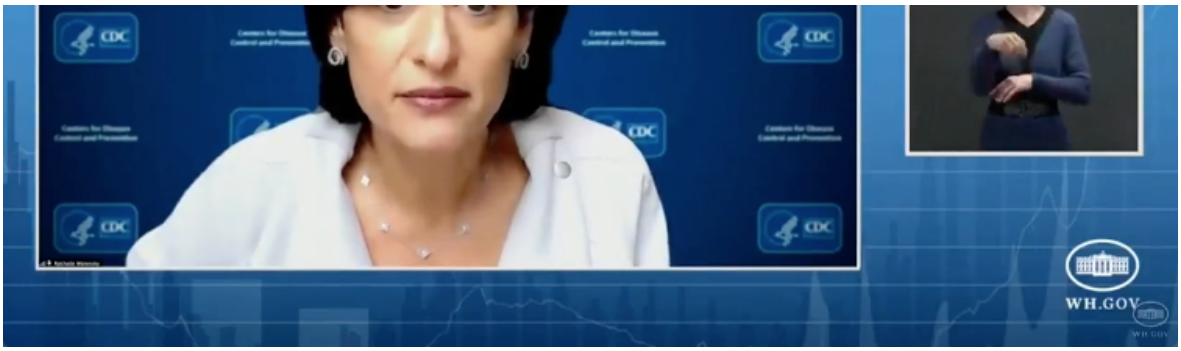
Source: c4591001-safety-tables-ae3.pdf pages 216,446,459,463; c4591001-safety-tables-cos-reacto.pdf, pages 113-114

So, what does 6,000 American deaths in the VAERS database mean? Are they less underreported because SAEs are less underreported than AEs? AEs are their own kind of category because people suffering a mild headache and nothing more may simply move on with their lives and never report. Despite legal reporting requirements regarding COVID-19 vaccines, it is clear that cases go unreported. Even worse, we know that vaccine deaths seem to be automatically classified as COVID-19 deaths. Given financial incentives to hospitals and to families for funeral benefits, it may be that deaths are more underreported than SAEs.

Clearly, some deaths reported to VAERS may be COVID-19 deaths (despite the clearly absurd claim that 99+% of COVID-19 deaths are among the unvaccinated) and numerous are among the elderly who might die for any number of reasons. But the Precautionary Principle tells us that the onus is on the vaccine manufacturers and the authorities that regulate them to study the potentially 30 x 6,000 = 180,000 post-vaccination deaths (which would be 1 in 1,000 vaccinated Americans) to find out.

While those pharmaceutical corporations and the agencies they work so closely with may prefer to remain disinterested in the process of answering the question as to how many Americans have been killed by experimental COVID-19 vaccines, it is their moral and ethical responsibility. If they shirk that responsibility, perhaps they should simply be pushed off the ice.





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